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Bib Data Sheet

CONFIRMATION NO. 2117

SERIAL NUMBER 10/756,166	FILING DATE 01/12/2004  RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 14283.1USI6
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## APPLICANTS

Mark B. Knudson, Shoreview, MN;

Richard R. Wilson, Arden Hills, MN;

Katherine S. Tweden, Mahtomedi, MN; Timothy R. Conrad, Eden Prairie, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/674,330 09/29/2003

and is a CIP of 10/675,818 09/29/2003

and is a CIP of 10/674,324 09/29/2003

and is a CIP of 10/752,944 01/06/2004

and is a CIP of 10/752,940 01/06/2004

*@ 04/25/06*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*- none - @ 04/25/06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MN	5	24	5
Examiner's Signature <i>@ 04/25/06</i>	Initials			

## ADDRESS

23552

MERCHANT &amp; GOULD PC

P.O. BOX 2903

MINNEAPOLIS, MN

55402-0903

## TITLE

Movement disorder stimulation with neural block

☐ All Fees